

**Human Services Commission
Workgroup on Rationalizing the Service Delivery System
Sub-workgroup on Program Reorganization
Report and Recommendations**

Background Information

When Governor Pat Quinn extended the Human Services Commission (HSC) in December 2011, he asked the HSC to “address delivery system issues as state agency needs warrant.” To this end, the HSC created a workgroup to “rationalize the service delivery system.” This workgroup has worked as two separate sub-workgroups — one focusing on improving service delivery for children with severe behavioral problems and one focusing on the location of maternal and child health (MCH) programs. The latter group has become known as the Sub-workgroup on Program Reorganization, and its recommendations are contained in this report.

Current Location of MCH Programs

In 1997, the Illinois Department of Human Services (DHS) was created. It absorbed the departments of Alcoholism and Substance Abuse, Mental Health and Developmental Disabilities, and Rehabilitation Services. DHS also absorbed parts of the departments of Children and Family Services (DCFS), Public Aid, and Public Health (DPH). Among the programs absorbed from DPH were MCH programs, including the Maternal and Child Health Services Block Grant (Title V), the Women, Infants, and Children (WIC) program, and Family Case Management. This basic structure put in place in 1997 remains largely unchanged.

Governor Quinn’s Proposed Reorganization

In his budget proposal for state fiscal year 2012, which was released in February 2011, Governor Quinn proposed dissolving the DHS Division of Community Health and Prevention and moving 17 of its programs from DHS to other state agencies as follows:

- Ten programs to DPH: Healthy Families, Emergency and Transitional Housing, Targeted Intensive Prenatal Case Management, Homelessness Prevention, Family Planning, Family Planning-Title X, University of Illinois Division for Specialized Care of Children, Federal Healthy Start Program, Abstinence Education, Diabetes Prevention and Control.
- Four programs to the Department of Juvenile Justice: Comprehensive Community Youth Services, Redeploy Illinois, Unified Delinquency Prevention, Juvenile Justice Planning and Action Grants.
- Two programs to the Illinois Violence Prevention Authority: Afterschool Youth Support (Teen REACH), Sexual Assault Services.
- One program to DCFS: Homeless Youth Services.

HSC Recommendations

In its April 2011 report, the HSC recommended against adopting the Governor’s reorganization proposal. It called for a “deliberative process to assess the appropriateness of the program changes,

capacity of state agencies to absorb the changes, transition time, etc.”¹ The HSC also made two sets of recommendations relating to the location and organization of programs. These included:

1. Retaining and reorganizing many DHS programs under a comprehensive “Family and Community Support Services” division. Recommended clusters within the division included Family Wellness, Child and Adolescent Health Promotion, Early Childhood Development, and Community and Positive Youth Development.
2. Suggesting the possible movement of two program clusters — Reproductive Health and Sexual & Domestic Violence — from DHS to DPH, assuming that DPH “has the capacity to absorb the programs and that appropriate transition time be developed.”

When it recommended that DHS retain the programs under the new Family and Community Support Services, the HSC report noted the disagreement of the Illinois Public Health Association, which wanted all MCH programs to be transferred to DPH.

In January 2012, DHS established a new Division of Family & Community Services, which encompasses programs from both Human Capital Development (e.g., child care, income assistance, and employment and training programs) and Community Health & Prevention. Within the new division, a grouping of “Reproductive & Early Childhood Services” includes the Bureau of Maternal & Infant Health. There is also a Bureau of Domestic & Sexual Violence Prevention. No programs have been shifted to other agencies.

Sub-Workgroup on Program Reorganization

Impetus

The work of this sub-workgroup was precipitated in part by the HSC’s recommendation for a deliberative process to consider further program changes and in part by legislation introduced in the General Assembly by Representative Robyn Gabel (HB5363). This bill would have shifted many MCH, early childhood, and youth development programs from DHS to DPH.

Different Views on the Location of MCH Programs

Participants in the sub-workgroup disagreed about the best location for MCH programs – whether these programs should remain in DHS or be transferred to DPH. Proponents of shifting MCH programs to DPH believe that the programs would benefit from having a greater “public health” focus and that this change would strengthen the state’s public health system. The field of public health involves a population-based approach that focuses on the health of the overall population or community. They also noted that, unlike most other states, Illinois does not have its Title V program located within a public health agency or the public health division of a larger human services agency.

Proponents of keeping MCH programs in DHS asserted that a population-based approach is not necessarily appropriate or effective for programs that require targeting at-risk families and children. They also noted that some of these programs are designed to improve educational or developmental

¹ Illinois Human Services Commission, “Recommendations on FY’12 Human Services Budget and Budgeting for Results Process,” April 21, 2011, pg. 9.

outcomes as well as health outcomes. There has been a considerable amount of productive effort to improve coordination between DHS and the State Board of Education. Moving programs out of DHS could weaken the coordination.

Agreement to Focus on Future Planning Process

While there was no consensus on where programs should be located, there was consensus on the need for a strategic planning process for maternal and child health. Participants agreed that this process should start with a clear vision for maternal and child health and desired outcomes in Illinois and work “backwards” to determine which government agencies could best help achieve this vision.

Recommendations from the Sub-workgroup

The following are recommendations from the sub-workgroup on a formal planning process that would aim to improve maternal and child health in Illinois.

1. The process needs to occur as part of a group that is dedicated to making recommendations that will improve maternal and child health outcomes in Illinois. This planning group or task force should include representatives from DHS and DPH, as well as the Department of Healthcare and Family Services (HFS) and other stakeholders. The planning process should be given authority by the Governor’s Office.
2. The strategic planning process should first determine the vision, principles, and desired outcomes related to maternal and child health before considering the organization of programs.
3. Whatever recommendations a planning group may make regarding MCH programs, it is important to have appropriate connections between data, programs, and policy. Data that are currently collected and housed in DHS, DPH, and HFS should be systematically linked with MCH programs.
4. Various state agencies would ultimately still have a hand in MCH programs. For example, because many MCH programs rely on Medicaid funding, HFS is a key player. Therefore, it is imperative that different agencies enhance coordination and cooperation. A planning group should pay particular attention to finding ways to enhance service integration and the continuum of care.
5. A strategic planning group should solicit input from stakeholders, paying particular attention to the needs of program clients. It is recommended that the planning group directly engage with program clients to find out more about their needs and how current programs affect them.